

ETS Main Study

T2: 3-Month Postpartum Telephone Interview

SUBJECT ID LABEL

(8-alpha numeric digits with dash)

DATE INTERVIEW COMPLETED:

|_|_|-|_|_|-|_|_|_|_|

MONTH DAY YEAR

Ranges= 1-12/ 1-31/ 2008-2012

FINAL RESULT CODE:

Completed 02

Partially Completed, Final 03

Unable to Locate Subject, Final 92

Subject Unavailable, Final* 93*

Other Final Outcome* 94*

Subject Discontinued from Study* 97*

Subject Refused* 99*

* MUST Specify Reason: (150 characters) _____

BEST DATES/TIME FOR 6 MONTH TELEPHONE INTERVIEW: (NOT KEYED)

☐ Entered final result code, date, best time for 6-month interview, and any updated contact information into DMS.
(NOT KEYED)

Date of Last Interview:

|_|_| - |_|_| - |_|_|_|_|
Mo Day Yr

Time Interview Began:

|_|_|:|_|_| am / pm

Ranges= 1-12/ 1-31/ 2008-2012

.....Range: 1-12 0-59

SECTION A. DEMOGRAPHIC FOLLOW-UP

This is our first interview together after your baby was born. I just want to remind you that all of your answers are strictly confidential, as required by federal law. Also, you may refuse to answer any question. In order for the survey results to be useful, it is important for you to be as honest and accurate as possible. Please use the blue answer cards that you were given to help you answer some of the questions. I will be referring to them as we go. If you have any questions, please let me know. If not, we can start.

1. On what date was your baby born? |_|_|_|-|_|_|-|_|_|
mo day yr

Ranges= 1-12/ 1-31/ 2008-2012

2. What is your new baby's first, middle and last name?

First name: _____ (25 characters)

Middle name: _____ (25 characters)

Last name: _____ (25 characters)

3. And, just to confirm, is (NAME OF BABY) a boy or girl?

BOY 1

GIRL 2

- 4a. Is (NAME OF BABY) living with you now?

YES 1 → SKIP TO Q.5

NO 2

- 4b. Where is (he/she) living now?

BABY'S FATHER..... 1

MATERNAL GRANDPARENT(S) 2

PATERNAL GRANDPARENT(S) 3

OTHER RELATIVES 4

FOSTER CARE 5

OTHER 6

4c. SPECIFY _____ (50 characters)

4d. How long do you expect (him/her) to be living there? Would you say . . .

less than 1 week 1

1-3 weeks 2

4-8 weeks, that is, 1-2 months, or 3 → END INTERVIEW

8 weeks or more, that is, more than 2 months 4 → END INTERVIEW

NOT SURE -8 → END INTERVIEW

4e. INTERVIEWER: PROVIDE ADDITIONAL DETAILS REGARDING BABY'S LIVING SITUATION AS APPROPRIATE.

(150 characters) _____

5. Do you currently work either part time or full time at a job for pay? Please include odd jobs like babysitting or pickup work, and temporary jobs, as well as regular, steady jobs. (IF "YES," PROBE IF FULLTIME OR PARTTIME.)

YES, FULLTIME 1 → SKIP TO Q.6

YES, PARTTIME 2 → SKIP TO Q. 6

NO 3

5a. Are you currently on maternity leave?

YES, 1

NO 2

6. Are you currently enrolled in school?

YES 1

NO 2

7. Last time when we spoke on (DATE OF BASE LINE INTERVIEW), you were still pregnant and you were living at (GIVE HOME ADDRESS), have you moved since then?

YES 1 → COLLECT NEW CONTACT INFORMATION AND
UPDATE CONTACT BOOKLET & ADD ZIP CODE
INFORMATION TO FINAL FILE

NO 2 → SKIP TO Q. 8

7a. Do you currently... (A7a-A9 is same as baseline A8-10)

Own your own home, 1

Rent your home, 2

Live with someone else who owns the home, 3

Live with someone else who rents the home, or 4

Have some other arrangement? 5

7b. SPECIFY _____

8. Including yourself, how many people currently live in your household? |__|__| 1-99

9. Does anyone in your household currently receive: YES NO

a. Food Stamps? 1 2

b. Medicaid? 1 2

c. WIC (Women, Infants, and Children)? 1 2

d. Commodity Supplemental Food Program? 1 2

e. Public assistance/TANF? 1 2

The next questions are about health insurance for your new baby. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.

10. Is your new baby currently covered by any kind of health insurance or some other kind of health care plan?

YES 1

NO 2 → SKIP TO 12

DON'T KNOW -8

11. Since your delivery, was there any time when your new baby was not covered by any kind of health insurance or some other kind of health care plan?

YES 1

NO 2 → SKIP TO SECTION B

DON'T KNOW -8 → SKIP TO Q.12

11a. How many weeks or months was she/he without coverage since your delivery?

|__|__| weeks (0-52) or |__|__| months (0-12)

(SKIP TO SECTION B)

12. Since your delivery, was there any time when you your new baby was covered by any kind of health insurance or some other kind of health care plan?

YES1

NO2→ SKIP TO SECTION B

DON'T KNOW-8→ SKIP TO SECTION B

- 12a. How many weeks or months did you have coverage for your baby since you delivered?

|__|__| weeks (0-26)

or |__|__| months (0-6)

SECTION B: INFANT HEALTH

1. Since (NAME OF BABY) has been home from the hospital, would you say (his/her) health has been...

Poor, 1
Fair, 2
Good, or 3
Excellent? 4

- 1a. Does ((NAME OF BABY)) have a regular pediatrician or usual source of health care?

Yes 1
No 2

- 1b. Since your child's birth, did any doctors or health care providers (other than the counselor you meet with as part of this project) ever

	<u>NO</u>	<u>YES</u>
(1) Ask if you or anyone else has smoked cigarettes in your home or around your new baby?	0	1
(2) Encourage you not to smoke around your baby?	0	1
(3) Recommend that you quit smoking?	0	1
(4) Talk to you about how to protect your child from injuries?	0	1
(5) Talk to you about how to make your home safe?	0	1
(6) Encourage you to supervise and watch your child at different ages?	0	1
(7) Tell you that they were carrying out what doctors call a developmental assessment of your child?	0	1
(8) Have your child pick up small objects, stack blocks, throw a ball, or recognize different colors?	0	1

- 2a. Since you brought (NAME OF BABY) home from the hospital, has (he/she) been to see a doctor or other medical personnel for a routine well-baby checkup or immunizations? (A well-baby checkup is a regular health visit for your baby with a pediatrician or family doctor.)

YES 1 → ENTER DATA IN DMS WHEN DONE
NO 2 → SKIP TO Q.3

- 2b. How many times? |____|____| 0-99

- 2c. Where did you take (NAME OF BABY)?

CLINIC OR DOCTOR NAME & LOCATION: _____ (150 characters)

CLINIC OR DOCTOR NAME & LOCATION: _____ 150 characters

CLINIC OR DOCTOR NAME & LOCATION: _____ 150 characters

2d. Did (he/she) receive any shots during this (these visits)?

YES 1

NO 2 → SKIP TO Q.3

NOT SURE/CAN'T REMEMBER..... -8 → SKIP TO Q.3

2e. What were the shots during this (these visits) for? (CIRCLE ALL THAT APPLY)

APPLICABLE FOR ALL POSTPARTUM INTERVIEWS:

HEPATITIS B VACCINE (HEPB)1

ROTAVIRUS VACCINE (ROTA).....2

DIPHTHERIA AND TETANUS TOXOIDS AND ACELLULAR PERTUSSIS
VACCINE (DTAP).....3

HAEMOPHILUS INFLUENZAE TYPE B CONJUGATE VACCINE (HIB).....4

PNEUMOCOCCAL CONJUGATE VACCINE (PCV).5

APPLICABLE FOR 6 AND 12-MONTH INTERVIEWS:

INFLUENZA VACCINE OR TRIVALENT INACTIVATED
INFLUENZA VACCINE (TIV)6

APPLICABLE FOR 12-MONTH INTERVIEW ONLY:

MEASLES, MUMPS, AND RUBELLA VACCINE (MMR).7

VARICELLA VACCINE8

HEPATITIS A VACCINE (HEPA).....9

OTHER: SPECIFY _____ 50 characters10

SPECIFY _____ 50 characters11

SPECIFY _____ 50 characters12

BABY GOT WHATEVER THEY GIVE.....13

DON'T KNOW/NOT SURE 14

3. Since you brought (NAME OF BABY) home from the hospital, has (he/she) experienced any of the following health problems:		<u>IF YES:</u> 3a. About how many times has this happened?
(1) An ear infection?	YES 1→ NO 2 NOT SURE.....-8	_ _ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(2) Fever?	YES 1→ NO 2 NOT SURE.....-8	_ _ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(3) Bronchitis or bronchiolitis?	YES 1→ NO 2 NOT SURE.....-8	_ _ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(4) Pneumonia?	YES 1→ NO 2 NOT SURE.....-8	_ _ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(5) Coughing, wheezing, rattling in the chest or other breathing difficulties?	YES 1→ NO 2 NOT SURE.....-8	_ _ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(6) Any other respiratory problems such as a cough, cold, or runny nose?	YES 1→ NO 2 NOT SURE.....-8	_ _ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(7) Spitting up or reflux?	YES 1→ NO 2 NOT SURE.....-8	_ _ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(8) Vomiting?	YES 1→ NO 2 NOT SURE.....-8	_ _ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3

3. Since you brought (NAME OF BABY) home from the hospital, has (he/she) experienced any of the following health problems:		<u>IF YES:</u> 3a. About how many times has this happened?
(9) Diarrhea?	YES 1→ NO 2 NOT SURE -8	__ __ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(10) Constipation?	YES 1→ NO 2 NOT SURE -8	__ __ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(11) Allergies to food, milk, or formula, etc.?	YES 1→ NO 2 NOT SURE -8	__ __ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(12) Any other type of feeding or digestion problems?	YES 1→ NO 2 NOT SURE -8	__ __ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(13) The skin condition called "eczema"?	YES 1→ NO 2 NOT SURE -8	__ __ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(14) Any other type of rash, including diaper rash?	YES 1→ NO 2 NOT SURE -8	__ __ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(15) Colic? (Irritability, inconsolable crying, and screaming accompanied by clenched fists, drawn-up legs, and a red face for <u>at least 3 hours per day, at least 3 days per week, and at least 3 weeks.</u>)	YES 1→ NO 2 NOT SURE -8	__ __ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(16) Anemia or low iron?	YES 1→ NO 2 NOT SURE -8	__ __ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3

3. Since you brought (NAME OF BABY) home from the hospital, has (he/she) experienced any of the following health problems:		<u>IF YES:</u> 3a. About how many times has this happened?
(17) Problems sleeping?	YES 1→ NO 2 NOT SURE -8	__ __ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(18) Immunization reactions	YES 1→ NO 2 NOT SURE -8	__ __ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(19) Any other health problems?	YES 1→ NO 2 NOT SURE -8 3c. SPECIFY 100 characters _____ _____	__ __ times 1-99 <u>IF DK:</u> 3b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3

4. Since you brought (NAME OF BABY) home from the hospital, how many injuries has (NAME OF BABY) had that...¹

(1) were <u>minor</u> (i.e., no treatment was needed or only minor treatment, like a bandaid was needed)?	a. __ __ INJURIES 0-99	<u>IF DK:</u> b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(2) required <u>you to give treatment</u> (e.g., you needed to apply an ice pack or clean a wound) such as a scrape, burn or fall?	a. __ __ INJURIES 0-99	<u>IF DK:</u> b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3
(3) required <u>a doctor's attention</u> (e.g., a trip to the doctor's office, or hospital emergency room)?	a. __ __ INJURIES 0-99	<u>IF DK:</u> b. Would you say . . . 1 time only, 1 2 -3 times, or 2 4 times or more? 3

¹ From the Morrongiello Injury History Questionnaire (ICQ).
 DC-STEP
 ETS Main Study

5. I will now read to you a list of different types of injuries and accidents children and babies often have.²
Please tell me if (NAME OF BABY) has ever had any of the following types of accidents or injuries...

Has (NAME OF BABY) baby ever had ...		IF YES: 5a. About how many times has this happened?
(1) A motor vehicle accident - as a passenger or pedestrian? (e.g., where you baby was in a car accident or was struck by a car while being walked)	YES..... 1→ NO..... 2 NOT SURE..... -8	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> times 1-99 IF DK: 5b. Would you say . . . 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3
(2) A water-related accident? (e.g., where the baby slipped under the water while in the tub, was face down in water, inhaled water , fell in water)	YES..... 1→ NO..... 2 NOT SURE..... -8	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> times 1-99 IF DK: 5b. Would you say . . . 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3
(3) A burn – either from hot liquids, food, fire, or chemicals, or hot objects? (e.g., the baby was burned on the stove, by a heater, scalding hot water, a cigarette)	YES..... 1→ NO..... 2 NOT SURE..... -8	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> times 1-99 IF DK: 5b. Would you say . . . 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3
(4) A fall - from heights (e.g., off the couch, a bed, out of your arms, down stairs) or from a moving object (e.g., out of the baby carriage, a swing chair)?	YES..... 1→ NO..... 2 NOT SURE..... -8	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> times 1-99 IF DK: 5b. Would you say . . . 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3
(5) A cut or scrape of any kind? (e.g., a scrape on the rug, gash in the head, cut or puncture from a sharp object)	YES..... 1→ NO..... 2 NOT SURE..... -8	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> times 1-99 IF DK: 5b. Would you say . . . 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3
(6) A crushing injury? (e.g., hand slammed in door, stepped on foot, another child fell on)	YES..... 1→ NO..... 2 NOT SURE..... -8	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> times 1-99 IF DK: 5b. Would you say . . . 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3

² Also from the Morrongiello Injury History Questionnaire (ICQ), but the types have been collapsed.

Has (NAME OF BABY) baby ever had ...		IF YES: 5a. About how many times has this happened?
(7) An electrical injury? (e.g., fingers in electric outlet, touched a frayed electrical wire and got an electric shock)	YES..... 1→ NO..... 2 NOT SURE..... -8	__ __ times 1-99 IF DK: 5b. Would you say . . . 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3
(8) An accidental poisoning from having eaten or ingested any poisonous chemicals, drugs, foods, plants, etc.?	YES..... 1→ NO..... 2 NOT SURE..... -8	__ __ times 1-99 IF DK: 5b. Would you say . . . 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3
(9) A choking or suffocation type of injury? (e.g., where the baby could not breathe, turned blue)	YES..... 1→ NO..... 2 NOT SURE..... -8	__ __ times 1-99 IF DK: 5b. Would you say . . . 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3
(10) Any other type of injury?	YES..... 1→ NO 2 NOT SURE..... -8 5c. SPECIFY _____ 100 characters _____	__ __ times 1-99 IF DK: 5b. Would you say . . . 1 time only,..... 1 2 -3 times, or..... 2 4 times or more?..... 3

6. Since you brought (NAME OF BABY) home from the hospital, have you ever taken (him/her) to see a doctor or other medical personnel because of any of the illnesses or injuries we just discussed, not including a regular well-baby visit? Please do not include any visits to the emergency room or an overnight hospital stay. I will ask about ER visits and any hospital admissions in a few minutes.

YES 1 → ENTER DATA IN DMS WHEN DONE

NO 2 → SKIP TO Q.7

6a. How many different times did you take (NAME OF BABY) to see the doctor or other medical personnel because of an illness or injury?

|__|__| TIMES **1-99**

6b. Where did you take the baby?

CLINIC OR DOCTOR NAME & LOCATION: _____ 150 characters

CLINIC OR DOCTOR NAME & LOCATION: _____ 150 characters

CLINIC OR DOCTOR NAME & LOCATION: _____ 150 characters

7. Since you brought (NAME OF BABY) home from the hospital have you ever taken (him/her) to an emergency room for any illness or injury?

YES 1 → ENTER DATA IN DMS WHEN DONE

NO 2 → SKIP TO Q.8

7a. How many different times did you take (NAME OF BABY) to the ER?

|____|____| TIMES 1-99

7b. To which hospital emergency room(s) did you take the baby?

HOSPITAL ER NAME & LOCATION: _____ 150 characters

HOSPITAL ER NAME & LOCATION: _____ 150 characters

HOSPITAL ER NAME & LOCATION: _____ 150 characters

8. Since you brought (NAME OF BABY) home from the hospital, has he/she been admitted at a hospital as an overnight patient for any illness or injury?

YES 1 → ENTER DATA IN DMS WHEN DONE

NO 2 → SKIP TO SECTION C

8a. How many different times has (he/she) been admitted as an overnight patient at a hospital for any illness or injury?

|____|____| TIMES 1-99

8b. How many nights all together did (he/she) stay in the hospital?

|____|____| NUMBER OF NIGHTS HOSPITALIZED 1-99

8c. To which hospital(s) did you take the baby?

HOSPITAL NAME & LOCATION: _____ 150 characters

HOSPITAL NAME & LOCATION: _____ 150 characters

HOSPITAL NAME & LOCATION: _____ 150 characters

SECTION C: INFANT CARE PRACTICES AND TEMPERMENT

Now, I would like to ask you some questions about (NAME OF BABY)'s feeding and sleeping habits.

1. Did you ever breastfeed or pump breast milk to feed your new baby?

YES..... 1

NO 2 → SKIP TO Q.2a

2. Are you still breastfeeding or feeding pumped milk to your new baby?

YES..... 1→ SKIP TO Q.2c

NO 2

2a. What were some of your reasons for (not/stopping) breastfeeding or pumping breast milk?
(CIRCLE ALL THAT APPLY)

I WAS/AM SMOKING CIGARETTES 1

MY BABY HAD DIFFICULTY NURSING 2

BREAST MILK ALONE DID NOT SATISFY MY BABY 3

I THOUGHT MY BABY WAS NOT GAINING ENOUGH WEIGHT 4

MY BABY GOT SICK AND COULD NOT BREASTFEED 5

MY NIPPLES WERE SORE, CRACKED, OR BLEEDING 6

I THOUGHT I WAS NOT PRODUCING ENOUGH MILK 7

I HAD TOO MANY OTHER HOUSEHOLD DUTIES 8

I FELT IT WAS THE RIGHT TIME TO STOP BREASTFEEDING..... 9

I WAS SICK OR ON MEDICINE AND COULD NOT BREASTFEED 10

I WENT BACK TO WORK OR SCHOOL 11

I WANTED OR NEEDED SOMEONE ELSE TO FEED THE BABY 12

MY BABY WAS JAUNDICED (YELLOWING OF THE SKIN OR WHITES OF THE EYES)..... 13

I HAD OTHER CHILDREN TO TAKE CARE OF 14

I DIDN'T LIKE BREASTFEEDING 15

I DIDN'T WANT TO BE TIED DOWN 16

I WAS EMBARRASSED TO BREASTFEED 17

I WANTED MY BODY BACK TO MYSELF 18

OTHER 19

2b. SPECIFY _____ 50 characters

IF Q1 = NO, SKIP TO Q. 3

2c. Since you gave birth, how many days, weeks or months did you breastfeed or pump milk to feed your baby?

|__|__| DAYS (180) |__|__| WEEKS (26) |__|__| MONTHS (6)

-7 ☐ EVERY DAY/THE ENTIRE TIME SINCE GIVING BIRTH

3. In the past week, did you feed your baby any of the following foods or drinks?

	YES	NO
a. Baby Food from a can/jar (e.g., Gerbers)	1	2
b. Breast Milk.....	1	2
c. Cereal.....	1	2
d. Infant Formula	1	2
e. Fruit Juice.....	1	2
f. Honey.....	1	2
g. Regular Milk (Cow or Goat Milk).....	1	2
h. Soft Foods (e.g., mashed potatoes, vegetables)	1	2
i. Fruit (e.g., fresh or canned apples, raisins, peaches)	1	2
j. Solid Foods (e.g., Hot Dog, Meat).....	1	2
k. Sugar Water	1	2
l. Water (Without Sugar or Any Other Sweetener).....	1	2
m. Anything Else?.....	1	2

n. SPECIFY _____

4. How old was your baby the first time you fed him or her anything besides breast milk? Include infant formula, water, baby food, juice, cow's milk, water, sugar water, or anything else you fed your baby.

|__|__| DAYS (180) |__|__| WEEKS (26) |__|__| MONTHS (6)

-7 ☐ I HAVE NOT YET FED MY BABY ANYTHING BESIDES BREAST MILK → **SKIP TO Q6**

5. How old was your baby the first time you fed him or her anything with a spoon (e.g., rice, cereal, baby fruit, baby food)?

|__|__| DAYS (180) |__|__| WEEKS (26) |__|__| MONTHS (6)

-7 ☐ I HAVE NOT YET FED MY BABY ANYTHING WITH A SPOON

6. How much does your baby cry and fuss in general? Using a scale from “1” to “7,” where ‘1’ is very little, that is much less than the average baby, “4” is average amount, that is about as much as the average baby, and “7” is a lot, that is much more than the average baby, how much does your baby cry and fuss in general?

1	2	3	4	5	6	7
very little; much less than the average baby			average amount; about as much as the average baby			a lot; much more than the average baby

7. How many times per day, on the average, does your baby get fussy and irritable—for either short or long periods of time? Would you say . . .

1	2	3	4	5	6	7
Never	1-2 times per day	3-4 times per day	5-6 times per day	7-9 times per day	10-14 times per day	more than 15 times per day

8. When your baby gets upset (e.g., before feeding, during diapering, etc.), how vigorously or loudly does he/she cry and fuss? Using a scale from “1” to “7,” where ‘1’ is very mild intensity or loudness, “4” is moderate intensity or loudness and “7” is very loud or intense, really cuts loose, how vigorously or loudly does he/she cry and fuss when he/she get upsets?

1	2	3	4	5	6	7
very mild intensity or loudness			moderate intensity or loudness			very loud or intense, really cuts loose

9. Using a scale from “1” to “7,” where ‘1’ is very easy, “4” is about average, and “7” is very difficult, how easy or difficult is it for you to calm or soothe your baby when he/she is upset?

1	2	3	4	5	6	7
Very easy			About average			Very difficult

10. How changeable is your baby’s mood? Using a scale from “1” to “7,” where ‘1’ is changes seldom and changes slowly when he/she does change, “4” is about average, and “7” is changes often and rapidly, how changeable is your baby’s mood?

1	2	3	4	5	6	7
changes seldom, and changes slowly when he/she does change			about average			changes often and rapidly

11. Please rate the overall degree of difficulty your baby would present for the average mother. Using a scale from “1” to “7,” where ‘1’ is super easy, “4” is ordinary, some problems, and “7” is highly difficult to deal with, how would you rate the overall difficulty your baby would present for the average mother?

1	2	3	4	5	6	7
super easy			ordinary, some problems			highly difficult to deal with

12. During the past week, how often did you do each of the following with your baby? Please rate how often you did each of the following using **CARD A**. Your first reaction to each question should be your answer.

Hardly Ever or <u>Never</u>	1-2 times <u>A Week</u>	3-5 times <u>A Week</u>	Every or Almost <u>Every Day</u>	2 or More Times <u>a Day</u>
-----------------------------------	-------------------------------	-------------------------------	--	------------------------------------

- Talked to your baby while you were feeding or changing his/her diaper? 1 2 3 4 5
- Read a book out loud to your baby 1 2 3 4 5
- Played games like peek-a-boo and back and forth games with your baby?..... 1 2 3 4 5
- Had special cuddle times with your baby? 1 2 3 4 5
- Took your baby outside for walks? 1 2 3 4 5
- Massaged your baby’s hands, legs, body? . 1 2 3 4 5
- Encouraged your baby to copy what you do? 1 2 3 4 5
- Helped your baby to learn a new skill (e.g., reach and grasp something, eat with a spoon, say a new word, stand or walk)? 1 2 3 4 5

13. How much does your baby enjoy playing little games with you? Using a scale from “1” to “7,” where ‘1’ is a great deal, really loves it, “4” is about average, and “7” is very little, doesn’t like it very much, with, how much does your baby enjoy playing little games with you?

1	2	3	4	5	6	7
a great deal, really loves			about average			very little, it doesn’t like it very much

14. How much does your baby want to be held? Using a scale from “1” to “7,” where ‘1’ is wants to be free most of the time, “4” is sometimes wants to be held, sometimes not, and “7” is a great deal, wants to be held almost all of the time, how much does your baby want to be held?

1	2	3	4	5	6	7
wants to be free most of the time			sometimes wants to be held, sometimes not			a great deal-- wants to be held almost all the time

SECTION D. PARENT-CHILD RELATIONSHIP, ATTITUDES, & BEHAVIORS

1. Now, I have some questions about how you have been feeling about your new baby and being a mother over the past month. Please rate the extent to which you agree or disagree with the following statements using **CARD B**. Your first reaction to each question should be your answer.

	<u>Strongly</u> <u>Agree</u>	<u>Somewhat</u> <u>Agree</u>	<u>Not Sure</u>	<u>Somewhat</u> <u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>
a. I have had doubtful feelings about my ability to handle being a parent. Do you...	1	2	3	4	5
b. Being a parent is harder than I thought it would be. Do you.....	1	2	3	4	5
c. I feel capable and on top of things when I am caring for my child.....	1	2	3	4	5
d. I can't make decisions without help.....	1	2	3	4	5
e. I have had many more problems raising children than I expected.....	1	2	3	4	5
f. I enjoy being a parent. Do you.....	1	2	3	4	5
g. I feel that I am successful most of the time when I try to get my child to do or not do something.....	1	2	3	4	5
h. I find that I am not able to take care of this child as well as I thought I could. I need help.....	1	2	3	4	5
i. I often have the feeling that I cannot handle things very well.....	1	2	3	4	5

2. When I think about myself as a parent, I believe...

I can handle anything that happens,	1
I can handle most things pretty well,.....	2
Sometimes I have doubts, but I find I handle most things without any problems,	3
I have some doubts about being able to handle things, or.....	4
I don't think I handle things very well at all.	5

3. I feel that I am...

A very good parent,	1
A better than average parent,	2
An average parent,	3
A person who has some trouble being a parent, or	4
Not very good at being a parent.	5

4. How easy is it for you to understand what your baby wants and needs? Would you say . . .

Very easy,.....1

Somewhat easy,.....2

Somewhat difficult,3

Very hard, or4

You usually can't (cannot) figure out what the problem is?5

5. Do you currently have a partner, boyfriend, spouse, or someone with whom you have a romantic or sexual relationship? (5-7a same as 7-9a)

YES..... 1

NO2 → SKIP TO Q. 12

6. How long have you been together (in years, months, weeks or days)?

|_|_| YEAHS |_|_| MONTHS |_|_| WEEKS |_|_| DAYS

Ranges= 0-40 0-50 0-50 0-50

7. Do you currently live with your partner?

YES..... 1 → SKIP TO Q. 8

NO2

7a. How much time do you and your current partner spend together each week? Would you say...

Less than one day a week..... 1

About one day a week 2

About two days a week 3

Three or four days a week..... 4

Five or six days a week 5

Every day or almost every day 6

8. Since you gave birth, how supportive of you has your current partner been? Would you say . . .

Not at all supportive, 1

Not very supportive,..... 2

Somewhat supportive, 3

Very supportive, or 4

Extremely supportive? 5

9. On average, during the past month, how often has your partner spent time with (NAME OF BABY)?
Would you say . . .
- Every day or almost every day, 1
 - 3-4 times per week, 2
 - 1-2 times per week, 3
 - 1-3 times per month, or 4
 - Not at all? 5
10. Do you feel that your current partner is a...
- A very good parent, 1
 - A better than average parent, 2
 - An average parent, 3
 - A person who has some trouble being a parent, or 4
 - Not very good at being a parent. 5
11. Is your current partner the father of this baby?
- YES 1 → SKIP TO Q.16
 - NO 2
 - NOT SURE, DON'T KNOW -8 → SKIP TO Q.16
12. Do you currently live with the father of your baby?
- YES 1 → SKIP TO Q. 13
 - NO 2
- 12a. How much time do you and the father of your baby spend together each week? Would you say...
- Less than one day a week 1
 - About one day a week 2
 - About two days a week 3
 - Three or four days a week 4
 - Five or six days a week 5
 - Every day or almost every day 6

13. Since you gave birth, how supportive of you has your baby's father been? Would you say . . .
- Not at all supportive,1
- Not very supportive,2
- Somewhat supportive,3
- Very supportive, or4
- Extremely supportive?.....5
14. On average, during the past month, how often has the father of your baby spent time with (NAME OF BABY)? Would you say . . .
- Every day or almost every day, 1
- 3-4 times per week, 2
- 1-2 times per week, 3
- 1-3 times per month, or 4
- Not at all? 5
15. Do you feel that the father of your baby is a...
- A very good parent, 1
- A better than average parent, 2
- An average parent, 3
- A person who has some trouble being a parent, or 4
- Not very good at being a parent? 5
16. Altogether, with how many partners have you had a romantic or sexual relationship since our last interview on [DATE OF BASELINE INTERVIEW]? Please include your current partner and/or the father of your baby.

|__|__| TOTAL # OF PARTNERS 1-99

SECTION E. TOBACCO USE, ATTITUDES, BELIEFS, BEHAVIORS

Now I'd like to ask you about your cigarette smoking habits during the last few months of pregnancy, and since you gave birth to your baby. When I ask about cigarettes, please remember to count a cigar or pipeful of tobacco the same as a cigarette.

	(1) during your third trimester of pregnancy, that is, after our first interview, but while you were still pregnant...	(2) since you gave birth to (NAME OF BABY)
1. At any time _____, did you smoke at all, even a puff of a cigarette?	YES 1 NO 2 → SKIP TO COL.2	YES 1 NO 2 → SKIP TO BOX BEFORE Q.2
1a. During your 3 rd trimester, about how many weeks did you smoke at all even a puff of a cigarette? [NOTE: THERE ARE 13-14 WEEKS PER TRIMESTER] 1a. Since you gave birth, about how many weeks or months did you smoke at all even a puff of a cigarette?	<div> <div>_____ WEEKS (1-14)</div> <div>< 1 WEEK -1</div> <div>ENTIRE TIME -9</div> </div>	<div> <div>_____ WEEKS (1-26)</div> <div>_____ MONTHS (1-6)</div> <div>< 1 WEEK -1</div> <div>ENTIRE TIME -9</div> </div>
1b. On average _____, about how many days per week did you usually smoke cigarettes?	<div>_____ DAYS/WK (1-7)</div> <div>< 1 DAY/WEEK..... -1</div>	<div>_____ DAYS/WK (1-7)</div> <div>< 1 DAY/WEEK..... -1</div>
1c. When you smoked _____, about how many cigarettes did you usually smoke each day?	<div>_____ CIGARETTES (1-99)</div> <div>A FEW PUFFS -1</div>	<div>_____ CIGARETTES (1-99)</div> <div>A FEW PUFFS -1</div>
1d. When you smoked _____, about how many cigarettes did you usually smoke each day <u>around your new baby</u> ?		<div>_____ CIGARETTES (1-99)</div> <div>A FEW PUFFS -1</div>
1e. At any time _____, did you try to quit smoking?	YES 1 NO 2 → SKIP TO COLUMN 2	<u>YES 1</u> NO 2 → SKIP TO Q.2
1f. How many times _____, did you try to quit smoking?	_____ TIMES (1-99)	_____ TIMES (1-99)
1g. At any time _____, were you able to stop smoking for 24 hours or longer?	YES 1 NO 2	YES 1 NO 2
1h. Thinking about _____, about how many total days, weeks or months were you able to stay smoke free? INTERVIEWER: EACH TRIMESTER = ABOUT 90-93 DAYS, 12-13 WEEKS, OR 3.3 MONTHS. IF ESTIMATE IS GREATER, REVIEW WITH R AND MAKE ADJUSTMENTS.	<div>_____ # OF DAYS (0-93)</div> <div>_____ # OF WKS (0-13)</div> <div>_____ # OF MONTHS (0-3)</div> <div>NO TIME..... -8</div> <div>ENTIRE TIME -9</div> <div>(CONTINUE WITH COLUMN 2)</div>	<div>_____ # OF DAYS (0-180)</div> <div>_____ # OF WKS (0-26)</div> <div>_____ # OF MONTHS (0-6)</div> <div>NO TIME -8</div> <div>ENTIRE TIME -9</div> <div>(CONTINUE WITH Q.2)</div>

INTERVIEWER:
IF ANY SMOKING SINCE DELIVERY → CONTINUE WITH Q2; OTHERWISE SKIP TO Q.3.

2. When you smoked cigarettes at home since you gave birth, how often do you go outside to smoke instead of smoking inside your home? Would you say . . .

Never, 1
Rarely, 2
Sometimes, 3
Often, or 4
Almost always? 5

- 2a When you were in an indoor location with non-smokers, including children, how often did you smoke around them? Would you say . . .

Never, 1
Rarely, 2
Sometimes, 3
Often, or 4
Almost always? 5

3. On how many of the past 7 days have you smoked at least one puff of a cigarette?

|___| DAYS IF "0" → SKIP TO Q. 8 (0-7)

4. For the next questions, I need you to think about a typical day when you smoked cigarettes in the past 7 days. Which typical day have you selected? (WRITE THE DAY AND MARK ONE)

(20 characters) _____ ₁ ☐ WEEK DAY ₂ ☐ WEEKEND DAY

5. On (TYPICAL DAY), about how many cigarettes did you smoke?

|___||___| CIGARETTES 1-99

	6a. About how many of those (# IN Q.5) cigarettes did you smoke when you were _____ (ASK 6a AND 6b ACROSS FOR ITEMS (1) – (4). INTERVIEWERS: THE SUM OF THE NUMBERS BELOW SHOULD ADD TO THE # IN Q5.	6b. Of the cigarettes you smoked (REPEAT LOCATION) that day, how many did you smoke <u>around your baby or when your baby was with you?</u> INTERVIEWERS: THE NUMBERS BELOW SHOULD BE A SUBSET OF THOSE IN THE PRIOR COLUMN.
(1) in a car?	__ __ CIGARETTES → IF = 00, SKIP TO Q6a(2) (00-99)	__ __ CIGARTTES (00-99)
(2) at home, indoors?	__ __ CIGARETTES→ IF = 00, SKIP TO Q6a(3) (00-99)	__ __ CIGARETTES (00-99)
(3) at home, outdoors?	__ __ CIGARETTES → IF = 00, SKIP TO Q6a(4) (00-99)	__ __ CIGARETTES (00-99)
(4) somewhere else, other than at your home or in a car?	__ __ CIGARETTES → IF = 00, SKIP TO Q.7 (00-99)	__ __ CIGARETTES (00-99)

7. During the past 24 hours, how many cigarettes did you smoke?

|__|__| CIGARETTES (00-99)

NONE.....00 → SKIP TO Q.8

7a. Of the (# IN Q7) cigarettes you smoked during the past 24 hours, how many cigarettes did you smoke around your baby, that is, when your baby was with you in the same room, house or in a car while you smoked any part of a cigarette?

|__|__| CIGARETTES (00-99)

8. How long has it been (in hours, days, weeks, months or years) since you smoked at all, even a puff of a cigarette? (RECORD EXACT RESPONSE, USING AS MANY BOXES AS NECESSARY)

|__|__| HOURS (0-99) |__|__| DAYS (0-99) |__|__| WEEKS (0-99)

|__|__| MONTHS (0-99) |__|__| YEARS (0-50)

INTERVIEWER: HAS R SMOKED IN THE PAST 7 DAYS?

YES..... 1 → SKIP TO Q. 10 (IGNORE BOX ABOVE Q.10)

NO 2 → GO TO Q. 9

9. How confident are you that you can remain a non-smoker? Would you say . . .
- Not at all confident, 1
 - Not very confident, 2
 - Somewhat confident, 3
 - Very confident, or 4
 - Extremely confident? 5

INTERVIEWER: HAS R SMOKED IN THE PAST 18 MONTHS; (BASICALLY ANYTIME IN THE 6 MONTHS BEFORE OR DURING PREGNANCY, OR SINCE DELIVERY); (SEE Q. 8)?

YES.....1 → SKIP TO Q12

NO.....2 → SKIP TO SECTION F

10. Are you seriously thinking about quitting smoking? Would you say . . .
- Yes within the next 30 days 1
 - Yes, within the next 6 months, or 2
 - No, you are not thinking of quitting? 3
11. If you decided to quit smoking during the next month, how confident are you that you could quit smoking for good and remain a nonsmoker? Would you say . . .
- Not at all confident, 1
 - Not very confident, 2
 - Somewhat confident, 3
 - Very confident, or 4
 - Extremely confident? 5
12. Regardless of whether you have quit smoking or not, these questions may still apply to you. Since you gave birth, how much support or encouragement have you received from your partner, the father of your baby, your family, and/or friends to help you to cut down, quit smoking, or remain a non-smoker? Would you say ...
- None at all, 1
 - A little, 2
 - Some, or 3
 - A lot? 4

13. Since you gave birth, how much support or encouragement have you received from your partner, household members, family, and friends to help you to not smoke around your new baby? Would you say. . .
- None at all, 1
- A little, 2
- Some, or 3
- A lot? 4
14. In the last week, how strong have your urges been to smoke a cigarette? Would you say . . .
- Not at all strong, 1
- Not very strong, 2
- Somewhat strong 3
- Very strong, or 4
- Extremely strong? 5
15. Since you gave birth, have you done any of the following to try to quit, cut down on your smoking, or remain a non-smoker?
- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Limited your smoking at home to only certain areas or rooms inside your house (e.g., in the basement, bedroom, kitchen, living room)? | 1 | 2 |
| b. Limited your smoking at home only to the outdoors, or outside your house (e.g., on the front porch, in the back yard)? | 1 | 2 |
| c. Called or talked to a friend or family member who supports your not smoking? | 1 | 2 |
| d. Stayed away from other people who were smoking? | 1 | 2 |
| e. Have you done something else to avoid smoking a cigarette (e.g., cleaned the house, read a magazine, went for a walk)? | 1 | 2 |
| f. Done something nice or to reward yourself (e.g., buy a dress) for not smoking? | 1 | 2 |
| g. Have you asked your partner, friends or family members to help you stay smoke-free? | 1 | 2 |
| h. Used any type of nicotine replacement product, for example, chewing nicotine gum, wearing a quit smoking patch, or using a nicotine inhaler or spray? | 1 | 2 |

16. Since you gave birth, have any of the following people ever encouraged you not to smoke and to stay smoke free around your new baby?

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Your baby's doctor, or any other pediatric clinic, or prenatal care clinic staff (a nurse or doctor)? | 1 | 2 |
| b. Your current partner or the father of your baby? | 1 | 2 |
| c. Someone else you live with? | 1 | 2 |
| d. A family member who does not live with you? | 1 | 2 |
| e. A friend who does not live with you? | 1 | 2 |
| f. Anyone else? | 1 | 2 |

16g. SPECIFY: (50 characters) _____

SECTION F: ETS EXPOSURE, BELIEFS, & PRACTICES

The next questions are about how much the other people in your life, such as your partner, family members, friends, visitors, or the people you live with have smoked cigarettes, pipes, cigars or other tobacco products around you after our first interview, that is during your third trimester, and around you and your new baby since you gave birth. When I ask about cigarettes, please remember to count a cigar and a pipeful of tobacco the same as a cigarette.

	(1) during your third trimester of pregnancy	(2) since you gave birth to (NAME OF BABY).
1a. On average ____, about how many days per week did someone else smoke cigarettes <u>inside your home</u> ____?	____ DAYS/WK (1-7) < 1 DAY/WEEK .. -1 NO DAYS 0 → SKIP TO Q. 1d	____ DAYS/WK (1-7) < 1 DAY/WEEK .. -1 NO DAYS 0 → SKIP TO Q. 1d
1b. When other people smoked <u>inside your home</u> ____, about how many cigarettes were usually smoked each day?	____ CIGARETTES (1-99) A FEW PUFFS -1	____ CIGARETTES (1-99) A FEW PUFFS -1
1c. When other people smoked <u>inside your home</u> ____, about how many cigarettes were usually smoked <u>around you</u> each day?	____ CIGARETTES (1-99) A FEW PUFFS -1	____ CIGARETTES (1-99) A FEW PUFFS -1
1d. On average ____, about how many days per week did someone else smoke <u>around you while you were away from your home</u> (e.g., in someone else's home, in an enclosed room or a car)?	____ DAYS/WK (1-7) < 1 DAY/WEEK -1 NO DAYS 0 → SKIP TO COL. (2)	____ DAYS/WK (1-7) < 1 DAY/WEEK -1 NO DAYS 0 → SKIP Q. 2a
1e. When other people smoked <u>around you away from your home</u> ____, about how many cigarettes did they usually smoke around you each day?	____ CIGARETTES (1-99) A FEW PUFFS -1 GO TO COLUMN (2)	____ CIGARETTES (1-99) A FEW PUFFS -1
2a. On average ____, about how many days per week did someone else smoke cigarettes <u>around your new baby inside your home</u> ?		____ DAYS/WK (1-7) < 1 DAY/WEEK -1 NO DAYS 0 → SKIP Q. 2c
2b. When other people smoked <u>around your new baby inside your home</u> ____, about how many cigarettes were usually smoked around your baby each day?		____ CIGARETTES (1-99) A FEW PUFFS -1
2c. On average ____, about how many days per week did someone else smoke <u>around your new baby while away from your home</u> (e.g., in someone else's home, in an enclosed room or a car)?		____ DAYS/WK (1-7) < 1 DAY/WEEK -1 NO DAYS 0 → SKIP TO Q.3
2d. When other people smoked <u>around your new baby away from your home</u> ____, about how many cigarettes were usually smoked around your baby each day?		____ CIGARETTES (1-99) A FEW PUFFS -1

Next, I would like to ask you about the people, other than yourself, who may have smoked either inside your home or around you and your new baby since you gave birth, and during the past 7 days. (IF DON'T KNOW: If you are not sure, take your best guess. Remember, one pack of cigarettes per day = 20 cigarettes.)

	(A) Your baby's father	(B) Your current partner/ husband/ boyfriend (CHECK Q. D11, IF PARTNER IS BABY'S FATHER)	(C) Your other household members (EXCLUDING PARTNER AND BABY'S FATHER)	(D) Your other friends and family members who do not live with you
3. (Does/Do any of) ____ smoke cigarettes?	YES1 → SKIP TO Q.4 NO2 → SKIP TO. COL B	PARTNER IS BABY'S FATHER.....7 → SKIP TO COL. C YES.....1 → SKIP TO Q.4 NO.....2 → SKIP TO COL C	N/A -7 → SKIP TO. COL D N/A IF NO OTHER HH MEMBERS YES ...1 NO ...2 → SKIP TO. COL D	YES...1 → SKIP TO Q.3b NO.....2 → SKIP TO. Q.7
3a. How many cigarette smokers, <u>not including yourself, your partner, or the baby's father</u> live in your home?			__ __ SMOKERS (1-99) (EXCLUDE PARTNER OR BABY'S FATHER IF LIVE IN HH) SKIP TO Q4	
3b. How many of your family members and friends, who do not live with you, are cigarette smokers? Would you say . . .				Less than half 1 About half of them 2 More than half of them,.. 3 All of them?..... 4
4. (Has/have any of)____ smoked at all, even a puff of a cigarette, <u>inside your home since you gave birth</u> ?	YES1 NO2 → SKIP TO. Q5	YES..... 1 NO..... 2 → SKIP TO Q5	YES1 NO2 → SKIP TO Q5	YES.....1 NO.....2 → SKIP TO Q.5
4a. On how many of the past 7 days did ____ smoke cigarettes <u>inside your home</u> ?	__ __ DAYS(1-7)	__ __ DAYS(1-7)	__ __ DAYS(1-7)	__ __ DAYS(1-7)
5. (Has/have any of) ____ smoked at all, even a puff of a cigarette, <u>around you since you gave birth</u> ?	YES 1 NO 2 → SKIP TO Q. 5e	YES..... 1 NO.....2 → SKIP TO Q. 5e	YES1 NO2 → SKIP TO Q. 5e	YES.....1 NO.....2 → SKIP TO Q. 5e
5a. On how many of the past 7 days did ____ smoke cigarettes <u>around you inside your home</u> ?	__ DAYS(0-7) IF 0 → SKIP TO Q. 5c	__ DAYS(0-7) IF 0 → SKIP TO Q. 5c	__ DAYS(0-7) IF 0 → SKIP TO Q. 5c	__ DAYS(0-7) IF 0 → SKIP TO Q. 5c
5b. In the past 7 days, about how many cigarettes per day did ____ smoke <u>around you inside your home</u> ?	__ __ CIGS/DAY (1-99)	__ __ CIGS/DAY (1-99)	__ __ CIGS/DAY (1-99)	__ __ CIGS/DAY(1-99)
5c. On how many of the past 7 days did ____ smoke a cigarette <u>around you away from your home</u> , (e.g., in a car, at another person's home, at a restaurant, at work, or some other place)?	__ DAYS(0-7) IF 0 → SKIP TO Q. 5e	__ DAYS(0-7) IF 0 → SKIP TO Q. 5e	__ DAYS(0-7) IF 0 → SKIP TO Q. 5e	__ DAYS(0-7) IF 0 → SKIP TO Q. 5e
5d. In the past 7 days, about how many cigarettes per day did ____ smoke <u>around you away from home</u> ?	__ __ CIGS/DAY (1-99)	__ __ CIGS/DAY (1-99)	__ __ CIGS/DAY (1-99)	__ __ CIGS/DAY (1-99)
5e. <u>Since you gave birth</u> , has/have any of ____ increased smoking around you, continued smoking the same amount <u>around you</u> , reduced smoking	Increased..... 1 Same amount 2 Reduced 3	Increased..... 1 Same amount 2 Reduced 3	Increased 1 Same amount 2 Reduced 3	Increased 1 Same amount 2 Reduced 3

	(A) Your baby's father	(B) Your current partner/ husband/ boyfriend (CHECK Q. D11, IF PARTNER IS BABY'S FATHER)	(C) Your other household members (EXCLUDING PARTNER AND BABY'S FATHER)	(D) Your other friends and family members who do not live with you
around you, or stopped smoking <u>around you</u> ?	Stopped.....4 (CONTINUE TO Q.6)	Stopped.....4 (CONTINUE TO Q.6)	Stopped.....4 (CONTINUE TO Q.6)	Stopped.....4 (CONTINUE TO Q.6)

	(A) Your baby's father ...	(B) Your current partner/ husband/ boyfriend... CHECK Q. D11 IF PARTNER IS BABY'S FATHER)	(C) Your other household members (EXCLUDING PARTNER OR BABY'S FATHER)	(D) Your other friends and family members who do not live with you...
6. (Has/have any of) _____ smoked at all, even a puff of a cigarette, <u>around your new baby since you gave birth</u> ?	YES.....1 NO.....2→ SKIP TO Q.6e	YES 1 NO 2 → SKIP TO Q. 6e	YES.....1 NO.....2 → SKIP TO Q. 6e	YES 1 NO 2 → SKIP TO Q. 6e
6a. On how many of the past 7 days did _____ smoke cigarettes <u>around your new baby inside your home</u> ?	____ DAYS (0-7) IF 0 → SKIP TO Q. 6c	____ DAYS (0-7) IF 0 → SKIP TO Q. 6c	____ DAYS (0-7) IF 0 → SKIP TO Q. 6c	____ DAYS (0-7) IF 0 → SKIP TO Q. 6c
6b. In the past 7 days, about how many cigarettes per day did _____ smoke <u>around your new baby inside your home</u>	(1-99) ____ CIGARETTES	(1-99) ____ CIGARETTES	(1-99) ____ CIGARETTES	(1-99) ____ CIGARETTES
6c. On how many of the past 7 days did ____ smoke a cigarette <u>around your new baby away from your home</u> , (e.g., in a car, at another person's home, at a restaurant, at work, or some other place)?	____ DAYS (0-7) IF 0 → SKIP TO Q. 6e	____ DAYS (0-7) IF 0 → SKIP TO Q. 6e	____ DAYS (0-7) IF 0 → SKIP TO Q.6e	____ DAYS (0-7) IF 0 → SKIP TO Q.6e
6d. In the past 7 days, about how many cigarettes did ____ smoke <u>around your new baby away from your home</u> ?	(1-99) ____ CIGARETTES	(1-99) ____ CIGARETTES	(1-99) ____ CIGARETTES	(1-99) ____ CIGARETTES
6e. <u>Since you gave birth</u> , has/have _____ increased smoking around your new baby, continued smoking the same amount around (him/her), reduced, or stopped smoking <u>around your new baby</u> ?	Increased..... 1 Same amount 2 Reduced 3 Stopped..... 4 (GO TO COL.B-Q3)	Increased 1 Same amount 2 Reduced 3 Stopped..... 4 (GO TO COL. C-Q3)	Increased 1 Same amount 2 Reduced 3 Stopped..... 4 (GO TO COL. D-Q3)	Increased Same amount Reduced Stopped..... (GO TO Q. 7)

- YES 1
- NO 2

- YES..... 1
- NO 2

Baby's father/mother's partner	1
Baby's sibling under age 18.....	2
Another child under age 18.....	3
Baby's grand-parent.....	4
Other adult relative	5
Friend or neighbor.....	6
Child care worker at day care center/nursery	7
Other.....	8 ↓

In your baby's home 1
In their or someone else's home 2
In a childcare center/nursery 3
Someplace else 4 ↓

|__|__| DAY PER WEEK AND |__|__| HOURS PER DAY
(0-7) (0-24)

11. Do any of these other people who take care if your baby, either on a regular basis or when you need extra help, smoke cigarettes in the house or building where they take care of your baby?

YES 1

NO 2 → SKIP TO Q. 12.

- 11a. Which of these caregiver(s) smoke (CIRCLE ALL THAT APPLY THAT WERE MENTIONED IN Q. 8)

Baby's father/mother's partner..... 1

Baby's sibling under age 18 2

Another child under age 18 3

Baby's grand-parent 4

Other adult relative..... 5

Friend or neighbor 6

Child care worker at day care center/nursery 7

Other..... 8 ↓

11b. SPECIFY: 50 characters

11c. SPECIFY: 50 characters

- 11d. Since our last interview, have you ever talked to any of those caregivers about not smoking around (NAME OF BABY)?

YES 1

NO 2

12. How much do you think that people smoking cigarettes around your new baby, including yourself, _could harm your new baby's health? Would you say . . .

Not at all,..... 1

Not very much,..... 2

Somewhat, or 3

A lot?..... 4

DON'T KNOW -8

13. If you were to stop people from smoking around your new baby, including yourself, how much do you think that this would actually improve your new baby's health? Would you say . . .

Not at all,..... 1

Not very much,..... 2

Somewhat, or 3

A lot?..... 4

14. In general, who in your household is most likely to make decisions or set the rules about whether cigarettes can be smoked in your home? Would you say . . .
- You are most likely to decide/make up the rules, 1
- Decisions and rules about smoking in the house are jointly shared, or 2
- Someone else is most likely to decide/make up the rules? 3
15. Which of the following statements best describes where cigarette smoking is allowed to happen inside your home? Would you say . . .
- Smoking is not allowed anywhere inside your home, 1
- Smoking is allowed only in certain areas or rooms inside your home, or 2
- Smoking is allowed anywhere inside your home..... 3
16. Which statement best describes who is allowed to smoke inside your home? Would you say . . .
- No one is allowed to smoke inside your home, 1
- Only special guests are allowed to smoke inside your home, , or 2
- Everyone is allowed to smoke inside your home..... 3
17. How do you handle cigarette smoking when you are away from your home?
- I always ask people who are smoking not to smoke around me and my baby 1
- It depends; sometimes I ask people who are smoking not smoke around me and my baby and sometimes I don't, or. 2
- I never ask people who are smoking not to smoke around me and my baby, 3
18. Since you gave birth, have you done any of the following to reduce the number of cigarettes other people smoke around you and your new baby?
- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. Posted a no smoking sign or magnet in your home?..... | 1 | 2 |
| b. Created no smoking in the house rules at your home? | 1 | 2 |
| c. Talked to other people about the harmful effects that cigarette smoking <u>around you</u> can have on your health?..... | 1 | 2 |
| d. Talked to other people about the harmful effects that cigarette smoking <u>around your new baby</u> can have on your infants health? | 1 | 2 |
| e. Asked other people not to smoke <u>around you</u> ? | 1 | 2 |
| f. Asked other people not to smoke <u>around your new baby</u> ? | 1 | 2 |
| g. Stayed away from other people who were smoking cigarettes? | 1 | 2 |
| h. Kept your new baby away from other people who were smoking cigarettes?..... | 1 | 2 |

- i. Done something nice for the people who stopped smoking around you?..... 1 2
- j. Done something nice for the people who stopped smoking around your baby? ... 1 2

19. Since you gave birth, how often have you asked other people who wanted to smoke a cigarette to smoke outside instead of inside your home? Would you say . . .

Never, 1

Some of the time, 2

Most of the time, or 3

Always?..... 4

N/A: NO ONE HAS WANTED TO SMOKE IN HER HOME-7

20. Since you gave birth, how often have you asked other people who wanted to smoke not to smoke around you and your baby when you were at someone else's home? Would you say . . .

Never, 1

Some of the time, 2

Most of the time, or 3

Always?..... 4

N/A: NO ONE HAS WANTED TO SMOKE AROUND THEM AT ANOTHER HOME -7

21. Since you gave birth, how often have you gone outside or left the room or area when someone else started to smoke a cigarette around you? Would you say . . .

Never, 1

Some of the time, 2

Most of the time, or 3

Always?..... 4

N/A: NO ONE HAS STARTED TO SMOKE AROUND HER.....-7

22. Since you gave birth, how often have you taken your baby outside or left the room or area when someone else started to smoke a cigarette around your baby? Would you say . . .

Never, 1

Some of the time, 2

Most of the time, or 3

Always?..... 4

N/A: NO ONE HAS STARTED TO SMOKE AROUND HER BABY..... -7

23. If you decided you did not want other people to smoke around you during the next month, how confident are you that you could stop them? Would you say . . .

Not at all confident, 1

Not very confident,..... 2

Somewhat confident,..... 3

Very confident, or 4

Extremely confident? 5

24. If you asked your partner, other family members or friends who smoke cigarettes not to smoke around you, how much support or understanding do you think you would get? Would you say. . .

None, 1

Not much,..... 2

Some, or 3

A lot?..... 4

N/A: DOESN'T KNOW ANY SMOKERS -7

25. If you wanted to keep other people from smoking around your new baby, how confident are you that you could stop them? Would you say . . .

Not at all confident,..... 1

Not very confident,..... 2

Somewhat confident,..... 3

Very confident, or 4

Extremely confident? 5

26. If you asked your partner, family members, or friends not to smoke around your new baby, how much support or understanding do you think you would get? Would you say. . .

None, 1
Not much, 2
Some, or 3
A lot? 4
N/A: DOESN'T KNOW ANY SMOKERS -7

SECTION G. PARENTING SUPERVISORY AND SAFETY KNOWLEDGE AND PRACTICES

The next questions are about being a parent to your new baby, and about parenting child safety and infant development.

1. How do you put your new baby down to sleep most of the time? Is it . .
On his or her side, 1
On his or her back, or..... 2
On his or her stomach?..... 3
2. How often does your new baby sleep in the same bed with you or anyone else? Would you say...
Always 1
Often 2
Sometimes..... 3
Rarely 4
Never 5
3. Do you have an infant car seat(s) for your baby?
Yes 1
No 2
4. When your baby rides in a car, truck, or van, how often does he or she ride in an infant car seat? Would you say...
Always 1
Often 2
Sometimes..... 3
Rarely..... 4
Never 5 → SKIP TO Q.7
5. When your new baby rides in an infant car seat, is he or she usually in the front or back seat of the car, truck, or van?
Front seat 1
Back seat..... 2
6. When your new baby rides in an infant car seat, is he or she usually facing forward or facing the rear of the car, truck, or van?
Facing forward..... 1
Facing the rear 2

7. Do you have a smoke detector or fire alarm in your home?

- YES..... 1
NO 2 → SKIP TO Q.8
DON'T KNOW -8 → SKIP TO Q.8

7a. How often do you check the batteries in your fire alarm? Would you say . . .

- Every month, 1
Every other month, 2
Every six months, 3
Once a year, or..... 4
NOT SURE/DON'T KNOW -8

8. During a typical week, how often do you allow your baby to use a baby walker? Would you say . . .

- Never 1
Rarely (<1 day)..... 2
Some or a little of the time (1-2 days) 3
Occasionally or a moderate amount of time (3-4 days)..... 4
Most or all of the time (5-7 days)..... 5
NOT APPLICABLE (DO NOT OWN A WALKER)..... -7
NOT APPLICABLE (BABY NOT WALKING YET)..... -9

9. Do you have safety gates on your stairs?

- YES..... 1
NO 2 → SKIP TO Q.10
NOT APPLICABLE (NO STAIRS IN HOME) - 7 → SKIP TO Q.10

9a. Do you have safety gates at the top of the stairs, the bottom or both?

- Top of the stairs 1
Bottom of the stairs 2
Both at the top and the bottom of the stairs..... 3

9b. How often do you check to see that the safety gates on the stairs are locked?
Would you say . . .

- Rarely or none of the time (<1 day a week) 1
Some or a little of the time (1-2 days a week)..... 2
Occasionally or a moderate amount of time (3-4 days a week) 3
Most or all of the time (5-6 days a week)..... 4
One or more times a day..... 5

10. Think about the time you have spent with your new baby at home during past month as you answer these next questions. Please tell me how much you agree or disagree with each of the following statements using **CARD C**. There are no right or wrong answers! We just want to know what is true for you!

<u>When I am at home with my baby:</u>	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Agree or Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
a. I keep a close watch on my baby.....	1	2	3	4	5
b. I feel a strong sense of responsibility.	1	2	3	4	5
c. I know exactly what my baby is doing.	1	2	3	4	5
d. I try things with my baby before leaving him/her to do them on his/her own.	1	2	3	4	5
e. I hover next to my baby.....	1	2	3	4	5
f. I keep an eye on my baby's face to see how he/she is doing.	1	2	3	4	5
<u>When I am at home with my baby:</u>					
g. I say to myself that I can trust him/her to play safely.....	1	2	3	4	5
h. I feel very protective of my baby.....	1	2	3	4	5
i. I stay close enough to my baby so that I can get to him/her quickly.	1	2	3	4	5
j. I warn him/her about things that could be dangerous.	1	2	3	4	5
k. I stay within reach of my baby when s/he is playing.	1	2	3	4	5
l. I think of all the dangerous things that could happen.....	1	2	3	4	5
<u>When I am at home with my baby:</u>					
m. I make sure I know where my baby is and what s/he is doing at all times.	1	2	3	4	5
n. I keep my baby from playing/or being around other children who are playing rough games or doing things where he/she might get hurt.	1	2	3	4	5
o. I have my baby within arm's reach at all times.....	1	2	3	4	5

<u>When I am at home with my baby:</u>	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Agree or Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
p. I feel fearful that something could happen to my baby.....	1	2	3	4	5
q. I can trust my baby to play by him/herself without constant supervision.	1	2	3	4	5
r. I keep him/her away from anything that could be dangerous.	1	2	3	4	5

11. Next, I would like to ask you about some of the specific things you may or may not do while you are at home with your baby, using **CARD D**. As you answer these questions, please keep your new baby in mind. If something is not an issue yet for your new baby, just tell me that.

How often do you [ASK QUESTION], or is this not an issue for your baby right now?

How often do you [ASK QUESTION], or is this not an issue for your baby right now?	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Most of the Time</u>	<u>Always</u>	<u>NA: NOT AN ISSUE FOR THIS CHILD</u>
a. Check to see that safety plugs are on most, if not all, visible electric outlets?	1	2	3	4	5	-7
b. Carry hot food (e.g., moving a pot or a hot cup of coffee from the stove to the sink) while your baby is nearby?	1	2	3	4	5	-7
c. Leave your baby alone sitting on the countertop, or any other area, either in an infant carrier or her/his own?	1	2	3	4	5	-7
d. Check the hot water temperature to make sure it is reduced to 125 degrees F or less?	1	2	3	4	5	-7
e. Leave blankets, pillows, stuffed toys or something soft for your baby to sleep with in the crib or playpen?	1	2	3	4	5	-7
f. Empty all water buckets immediately after use?	1	2	3	4	5	-7
g. Feed your baby hard food like baby apples, hot dogs, grapes, peanuts or popcorn?	1	2	3	4	5	-7
h. Keep sharp objects (safety pins, knives, and scissors) out of reach of your baby?	1	2	3	4	5	-7

	How often do you [ASK QUESTION], or is this not an issue for your baby right now?	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Most of the Time</u>	<u>Always</u>	NA: NOT AN ISSUE FOR <u>THIS</u> <u>CHILD</u>
i.	Give your baby small toys that have small pieces and parts (e.g., legos, marbles) or small objects (like nuts, candies) to play with or hold on to (nuts, candies)?	1	2	3	4	5	-7
j.	Store cleaners in locked cabinets or in places that your baby cannot reach?	1	2	3	4	5	-7
k.	Carry or hold your baby in your lap while drinking hot beverages (e.g., drinking a cup of coffee) or carrying hot liquids (e.g., a cup of coffee)?	1	2	3	4	5	-7
l.	Bring plants and flowers into the house that might be poisonous if eaten?	1	2	3	4	5	-7
m.	Keep toilet lids closed or the bathroom doors closed?	1	2	3	4	5	-7
n.	Check to see that the safety gates on the stairs are latched?	1	2	3	4	5	-7
o.	Keep your recycling bin or garbage can out of reach of your baby (e.g., so that empty pop cans, lids of cans, glass bottles are out of reach)?	1	2	3	4	5	-7
p.	Leave cigarettes, lighters and matches out on the counter, a table top or chair within reach of your baby?	1	2	3	4	5	-7
q.	Leave your baby alone at all in a room where there are decorative objects, vases or table lamps that could break?	1	2	3	4	5	-7
r.	Carry or hold your baby while cooking food on the stove?	1	2	3	4	5	-7
s.	Leave your baby alone for just a minute on a tabletop or changing table (e.g., while you run to the next room to get a diaper or t-shirt)?	1	2	3	4	5	-7
t.	Let your baby walk or crawl around while eating something (e.g., a cookie) or carrying his/her bottle or drink?	1	2	3	4	5	-7

	How often do you [ASK QUESTION], or is this not an issue for your baby right now?	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Most of the Time</u>	<u>Always</u>	NA: NOT AN ISSUE FOR <u>THIS</u> <u>CHILD</u>
u.	Move things around or not have anything around that your baby could climb on and possibly fall off of (e.g., coffee table) or that could fall on top of your baby (e.g., unsecured bookcase, poorly balanced TV)?	1	2	3	4	5	-7
v.	Put plastic bags away in a drawer or closet after using them to keep them out of your baby's reach?	1	2	3	4	5	-7
w.	Leave medications or any other drugs out on the counter or table top after using them, instead of putting them away out of your baby's reach?	1	2	3	4	5	-7
x.	Put your baby down in the crib or playpen when you cannot hold your baby, and need to do something else?	1	2	3	4	5	-7
y.	Leave your baby alone when he/she is in the bathtub (e.g., while you run to get a towel from a closet)?	1	2	3	4	5	-7
z.	Store liquid bleach in locked cabinets or in a place out of your baby's reach?	1	2	3	4	5	-7
aa.	Test the water temperature with a thermometer or with your hand before putting your baby in the water for a bath?	1	2	3	4	5	-7
bb.	Leave your baby alone at all when near a pool, fountain, or lake?	1	2	3	4	5	-7
cc.	Tie up the cords to the window blinds or shades or keep them out of your baby's reach?	1	2	3	4	5	-7
dd.	Turn the handles of pots to the back of the stove when you are (or someone else is) cooking around your baby?	1	2	3	4	5	-7
ee.	Use a safety strap when your baby is sitting in a high chair, stroller, infant carrier or baby swing?	1	2	3	4	5	-7

12. Overall, how confident do you feel in your ability to protect your new baby (child) from injury or harm? Would you say . . .

Not at all confident, 1

Not very confident,..... 2

Somewhat confident,..... 3

Very confident, or 4

Extremely confident? 5

SECTION H: YOU AND YOUR FEELINGS

Next, I would like to ask you a few questions just about you, and your feelings.

1. Please use **CARD E** to answer each statement that reflects how much control you feel you have in your daily life.

- | | Strongly
<u>Agree</u> | <u>Agree</u> | <u>Disagree</u> | Strongly
<u>Disagree</u> |
|---|--------------------------|--------------|-----------------|-----------------------------|
| a. I have little or no control over the things that happen to me. Do you | 1 | 2 | 3 | 4 |
| b. There is really no way I can solve some of the problems I have. Do you ... | 1 | 2 | 3 | 4 |
| c. There is little I can do to change many of the important things in my life.. | 1 | 2 | 3 | 4 |
| d. I often feel helpless in dealing with the problems of life..... | 1 | 2 | 3 | 4 |
| e. Sometimes I feel that I am being pushed around in life. | 1 | 2 | 3 | 4 |
| f. What happens to me in the future mostly depends on me. | 1 | 2 | 3 | 4 |
| g. I can do just about anything I set my mind to do..... | 1 | 2 | 3 | 4 |

2. Since our last interview, have you had two or more weeks in a row when you felt sad, blue or depressed, or when you lost all interest or pleasure in things that you usually cared about or enjoyed?

YES 1

NO 2

3. I am now going to read to you some ways you may have felt or behaved during the past week. Please use **CARD F** for these items. During the past week, how often . . .

Rarely or None of the time <u>(<1 day)</u>	Some or a little of the time <u>(1-2 days)</u>	Occasionally or a moderate amount of time <u>(3-4 days)</u>	Most or all of the time <u>(5-7 days)</u>
--	---	--	---

- a. Were you bothered by things that usually don't bother you? Would you say 1 2 3 4
- b. How often did you have trouble keeping your mind on what you were doing? Would you say 1 2 3 4
- c. How often did you feel depressed? 1 2 3 4
- d. How often did you feel that everything you did was an effort? 1 2 3 4
- e. During the past week how often did you feel hopeful about the future? Would you say 1 2 3 4
- f. How often did you feel fearful? 1 2 3 4
- g. How often did your sleep become restless? 1 2 3 4
- h. During the past week how often were you happy? 1 2 3 4
- i. How often did you feel lonely? 1 2 3 4
- j. How often did you feel you could not "get going"? 1 2 3 4

4. Are you currently taking any prescribed medications for anxiety (nerves), depression, or stress?

YES 1

NO 2

SECTION I: SUBSTANCE USE

These questions are about alcohol and drugs. Use **CARD G**.

1. During the past month, how often did you drink ____? Would you say. . .

	<u>Every day or almost every day</u>	<u>3-4 times/wk</u>	<u>1-2 times/wk</u>	<u>Once or twice only</u>	<u>Not at all</u>
(a) Beer?.....	5	4	3	2	1
(b) Wine?.....	5	4	3	2	1
(c) Wine coolers?	5	4	3	2	1
(d) Hard liquor, such as vodka, gin, scotch, bourbon, tequila, brandy, or liqueur?.....	5	4	3	2	1

2. During the past month, how often did you use ____? Would you say. . . (USE **CARD G**.)

	<u>Every day or almost every day</u>	<u>3-4 times/wk</u>	<u>1-2 times/wk</u>	<u>Once or twice only</u>	<u>Not at all</u>
a. Marijuana or hashish	5	4	3	2	1
b. Crack or cocaine?	5	4	3	2	1
c. Amphetamines (uppers) or Methamphetamine?	5	4	3	2	1
d. Sedatives or tranquilizers (e.g., downers, nerve pills, pain killers)?	5	4	3	2	1
e Heroin?	5	4	3	2	1
f Methadone?	5	4	3	2	1
g. Any other types of illegal or non-prescribed drugs?	5	4	3	4	1

INTERVIEWER: IF ALL ITEMS IN Q.2a-g ARE ALL “NOT AT ALL,”SKIP TO SECTION J

3. During the past month, did you ever use a needle to take any of these drugs?

YES1 → 3a. SPECIFY: _____50 characters

NO2

NOT SURE, CAN'T REMEMBER-8

SECTION J: PARTNER & OTHER INTERPERSONAL RELATIONSHIPS

This next set of questions asks how much you feel you have had the support of your partner, the father of your baby, and/or the other people in your life.

1. Now, I will read you a list of statements describing types of support. If “1” is “very dissatisfied” and “6” is “very satisfied”, how satisfied are you with the support you currently receive from (your partner/other people). Use **CARD H**.

IF R HAS A CURRENT PARTNER, ASK ABOUT (a) PARTNER AND (b) OTHER PEOPLE. IF R DOES NOT HAVE A CURRENT PARTNER, ASK ONLY ABOUT (b) OTHER PEOPLE

	a. <u>PARTNER</u>						b. <u>OTHER PEOPLE</u>					
	<u>Very</u> <u>Dissatisfied</u>			<u>Very</u> <u>Satisfied</u>			<u>Very</u> <u>Dissatisfied</u>			<u>Very</u> <u>Satisfied</u>		
(1) Shares similar experiences with me. “1” is “very dissatisfied” and “6” is “very satisfied.”	1	2	3	4	5	6	1	2	3	4	5	6
(2) Helps keep up my morale. “1” is “very dissatisfied” and “6” is “very satisfied.”	1	2	3	4	5	6	1	2	3	4	5	6
(3) Helps me out when I’m in a pinch.	1	2	3	4	5	6	1	2	3	4	5	6
(4) Shows interest in my daily activities and problems.	1	2	3	4	5	6	1	2	3	4	5	6
(5) Goes out of his/her way to do special or thoughtful things for me.	1	2	3	4	5	6	1	2	3	4	5	6
(6) Allows me to talk about things that are very personal and private. “1” is “very dissatisfied” and “6” is “very satisfied.”	1	2	3	4	5	6	1	2	3	4	5	6
(7) Lets me know I am appreciated for the things I do for him/her.	1	2	3	4	5	6	1	2	3	4	5	6
(8) Tolerates my ups and downs and unusual behaviors.	1	2	3	4	5	6	1	2	3	4	5	6
(9) Takes me seriously when I have concerns.	1	2	3	4	5	6	1	2	3	4	5	6
(10) Says things that make my situation clearer and easier to understand.	1	2	3	4	5	6	1	2	3	4	5	6
(11) Lets me know that he/she will be around if I need assistance.	1	2	3	4	5	6	1	2	3	4	5	6

IF RESPONDENT HAS PARTNER: Now I will read these statements again, and I want you to tell me how satisfied you are with the support you receive from people other than your partner.

THANK PARTICIPANT AND VERIFY CONTACT INFORMATION FOR HER AND SECONDARY SOURCES. INFORM HER OF 4 MONTH INTERVIEW AND OBTAIN BEST TIME TO CALL.

SECTION K. END OF INTERVIEW

1. TIME INTERVIEW ENDED: |_|_| : |_|_| am / pm (1-12:0-59)
2. DATE INTERVIEW COMPLETED: |_|_| - |_|_| - |_|_|_|_|
 MO DAY YEAR
 1-12 1-31 2008-2012
3. INTERVIEWER ID #: |_|_|_| (01-99)
4. ANSWER CARDS:
- | | |
|--------------------|---|
| AVAILABLE | 1 |
| NOT AVAILABLE..... | 2 |
| WROTE DOWN | 3 |

- ✓ UPDATE CONTACT INFORMATION
- ✓ INFORM PARTICIPANT ABOUT 6-MONTH PP CALL. OBTAIN BEST DAYS/TIMES TO CALL AND RECORD ON FRONT PAGE AND IN CONTACT BOOKLET.
- ✓ ENTER FINAL RESULT CODE, DATE, BEST TIME TO CALL FOR 6-MONTH INTERVIEW, AND ANY UPDATED CONTACT INFORMATION ON CONTACT BOOKLET AND DMS.

- ### 5a. WAS THE RESPONDENT'S UNDERSTANDING OF THE QUESTIONS . . .

GOOD..... 1 } → **SKIP TO Q. 6**
 FAIR 2 }
 POOR..... 3

- 5b. IF "POOR": WHICH SPECIFIC SECTIONS OR QUESTIONS DID THE RESPONDENT HAVE DIFFICULTY UNDERSTANDING?

(150 characters) _____

6. IN GENERAL, WHAT WAS THE RESPONDENT'S ATTITUDE TOWARD THE INTERVIEW?

FRIENDLY AND INTERESTED.....	1
COOPERATIVE BUT NOT PARTICULARLY INTERESTED.....	2
IMPATIENT AND RESTLESS.....	3
HOSTILE	4

7. WERE THERE ANY DISTRACTIONS DURING THE INTERVIEW, SUCH AS CHILDREN, PHONE CALLS, TV, ETC?

YES 1

NO 2 → SKIP TO Q.8

7a. DID THE DISTRACTIONS AFFECT THE RESPONDENT'S ABILITY TO ANSWER THE QUESTIONS . . .

ALOT,..... 1

SOMEWHAT, 2

NOT AT ALL? 3

8. NOTES: (500 characters)

(This section does not need to be added to data entry program)

ACTIVITY:	DOCUMENT:
UPDATE PARTICIPANT'S CONTACT INFORMATION	✓ ACTIVITY BOOKLET ✓ DMS
UPDATE CONTACT INFORMATION FOR SECONDARY SOURCES	✓ FACE SHEET ✓ DMS
ENTER ALL DOCTOR, HOSPITAL, ER VISITS RECORDED FOR BABY.	✓ DMS
RECORD BEST TIME TO CALL FOR 6-MONTH PP INTERVIEW	✓ ACTIVITY BOOKLET ✓ FRONT PAGE OF QUESTIONNAIRE ✓ DMS
ENTER FINAL RESULT CODE	✓ ACTIVITY BOOKLET ✓ FRONT PAGE OF QUESTIONNAIRE ✓ DMS